

1.) CORPORATION NAME:

HEARST COMMUNICATIONS, INC.

DUE DATE: **1/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1778671**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	5,550
COMBNV	950

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 WEST 57TH ST

CITY/ST/ZIP: NEW YORK, NY 10019-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID J BARRETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	CATHLEEN P BLACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JAMES M ASHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP/CL&DEV OFR		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	FRANK A BENNACK JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/V CHAIRMAN		
ADDRESS:	300 W 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	GEORGE R HEARST JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	300 W 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

NAME:	RONALD J. DOERFLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP, Treasurer		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	RICHARD P. MALLOCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	DAVID CAREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	SCOTT M. SASSA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	STEVEN R. SWARTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	EVE B. BURTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	STEVEN DELORENZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	STEVEN DELORENZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	ALFREDO GATTO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	MARK HASSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

NAME:	STEVEN A. HOBBS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	NEERAJ KHEMLANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	GEORGE T. KILAVKOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	DAVID L. KORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	ROGER P. PASCHKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	MITCHELL SCHERZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	DEBRA SHRIVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	CATHERINE A. BOSTRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	EVE B. BURTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	LARRY M. LOEB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

NAME:	THOMAS J. HARVEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	ANTHONY R. LECHICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	EDWIN A. RUSGO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		
NAME:	JON D. SMITH, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	ANISSA B. BALSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOHN G. CONOMIKES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	AUSTIN HEARST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	GEORGE R. HEARST, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOHN R. HEARST, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	STEPHEN T. HEARST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R. HEARST, III DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARVEY L. LIPTON DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GILBERT C. MAURER DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK F. MILLER DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA HEARST RANDT DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID L. KORS		DAVID L. KORS, VICE PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			